

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER WARREN CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1237 WESTMORELAND DRIVE BURLINGTON, NC 27216		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on March 25, 2015 from 1:00 pm to 2:30 pm at the referenced Facility. DHSR records indicate the home was first licensed on February 02, 2011 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey the GFCI outlet on the right side of the kitchen sink was indicating that the hot and neutral wires were reversed when tested. Have the GFCI wiring corrected and provide documentation to our office when corrected.	C 174	Farrington Electric visited and tested the GFCI outlet. Problem areas were identified and corrected as necessary. The outlet was tested again a week later and it still complied with the guidelines. (Farrington will visit qtrly to do assessments of wiring)	5-8-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

F. La Monte Leath Owner

5-10-15

STATE FORM

6809

345621

If continuation sheet 1 of 2

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C 174	Continued From page 1 2. In the Residents Bathroom across from the staff office, the exhaust fan was not working at the time of the survey. Have the exhaust fan repaired or replaced and provide documentation to our office when corrected. 3. In the Residents Bathroom across from the staff office, there was a section of floor tile that had come unglued. Have the floor tile reglued to the subflooring and provide documentation to our office when corrected.	C 174	2. On Apr. 1st, a new exhaust fan kit was purchased from Lowe's. The fan has been replaced by Frank Leath, whom was present during the inspection. The fan is operable and functioning as intended. (Will inspect once a month) 3. Frank Leath found brand new tiles in the facility laundry room. These tiles were used to repair/replace the unglued tiles in the bathroom. The tiles set well on the sub-flooring and now complies with the guide lines. (Will inspect newer tiles throughout the facility once a month)	4-1-15 4-3-15